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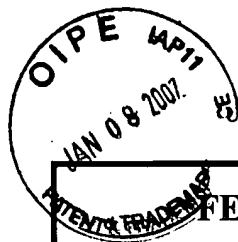
IFW 1643

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		<b>Application Number</b>	09/993,183
		<b>Filing Date</b>	November 14, 2001
		<b>First Named Inventor</b>	Alan Gewirtz
		<b>Group Art Unit</b>	1645
		<b>Examiner Name</b>	James Schultz
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	43826-0009-00-US 196022

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement & PTO 1449 <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) – Figs.  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Five (5) Exhibits – Consisting of Exhibit 1, 2, 3, 4, and 5.</b>
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	Drinker Biddle & Reath LLP
Signature	
Printed Name	Daniel A. Monaco, Reg. No. 30,480
Date	January 5, 2007

CERTIFICATE OF MAILING UNDER 37 CFR 1.8	
I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service in an envelope addressed to U.S. Patent Office, Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:.	
Typed or printed name	Judith Matteo Edler
Signature	Date: January 5, 2007



FEE TRANSMITTAL for FY 2005		Complete if known			
<i>Patent fees are subject to annual revision.</i>		Application Number	09/993,183		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 14, 2001		
		First Named Inventor	Alan Gewirtz		
		Examiner Name	James Schultz		
		Art Unit	1645		
TOTAL AMOUNT OF PAYMENT \$185.00		Attorney Docket No.	43826-0009-00-US 196022		
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		ADDITIONAL FEES			
<input type="checkbox"/> Deposit Account: Deposit Account Number 50-0573 Deposit Account Name <u>Drinker Biddle &amp; Reath LLP</u>					
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<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
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FEE CALCULATION					
EXTRA CLAIMS FEES FOR UTILITY AND REISSUE					
Total Claims   25   -20**   =   5   X   \$25 =   \$125.00					
Independent Claims   3   - 3**   =   0   X   \$0=   \$0.00					
Multiple Independent   + 360/180   =   \$0					
Large Fee Code   Large Entity Fee (\$)					
Small Fee Code   Small Entity Fee (\$)					
Fee Description					
1202   50   2202   25   Claims in excess of 20					
1201   200   2201   100   Independent claims in excess of 3					
1203   360   2203   180   Multiple dependent claim, if not paid					
1204   200   2204   100   **Reissue independent claims over original patent					
1205   50   2205   25   **Reissue claims in excess of 20 and over original patent					
**or number previously paid, if greater; For Reissue, see above					
SUBMITTED BY CUSTOMER NO. 23973		Complete (if applicable)			
Name (Print/Type)	Daniel A. Monaco	Registration No. (Attorney/Agent)	30,480	Telephone	(215) 988.3312
Signature		Date	January 5, 2007		